STATEMENT OF ORGANIZATION			OFFICE USE ONLY
Name and Address of Committee		2. Date of this Statement	]
Louisi	ANA HEALTH PAC, INC.	1/1/1/1	,
9521	BROOKLINE AVENUE	Estimated Membership	S/0   1/n
BATON	Rouge, LA 70809	10	
Check If:		4. Amended Statement?	NHOOLO O
New Committee	Monthly FilerX	YesXNo	PH8519 4
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)			
a. <u>Name</u>	b. <u>Position</u>	c. Address	SCANNED
	Chairperson		JAN 27 2011
	Treasurer		ONI 2 / 2011
		В	у:
6. Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee)			
a. <u>Name</u>	b. <u>Address</u>	c	. Relationship to Committee
			JUN 13201
			n -
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)			
a. Name	b. Address		U
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: Principal Campaign Committee Subsidiary Committee			
b. Name of Candidat	ie		c. Office Sought by the Candidate
9. a. Name of Person Preparing Report			
b. Daytime Telephone			
10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief.			
This 11th day of January, 2011.			
Signature of Committee Chairperson  (225) 928-0026  Daytime Telephone Number			
	Yatrina J. Ostu	(23	25) 928 - 0026
Signati	ure of Committee Treasurer, if any	Daytin	ne Telephone Number